



The Police Treatment Centres

User Guide



The Police Treatment Centres Registration Numbers			
Companies House	PTC	(Incorporated)	07822534
Charities Commission	PTC NPC&TC	(Incorporated) Un-incorporated)	1147449 1147449-1
OSCR	PTC NPC&TC	(Incorporated) (Un-incorporated)	SC043396 SC039749

Revised June 2013

[Type text]

Preface

This User Guide is intended to provide information and guidance for Force Occupational and Welfare Unit arrangements, Force Benevolent/Welfare Funds, local Police Federations, local Superintendents Associations, and generally to individuals who are involved in seeking to help and support injured and ill serving and retired officers in their return to better health and well-being; and particularly in referring individuals for treatment at the Police Treatment Centres.

Since 1898 The Police Treatment Centres (and its precursor charities) has supported the return to better health and well-being of injured and ill serving and retired police officers. The Charity became a 'not-for-profit' incorporated charitable company on 1 January 2013 and the new modernised Memorandum and Articles (governing documents) better reflect the Objects and purpose of the Charity.

The Charity is supported financially by serving police officers in police forces comprising the Charity's 'constituency' who make a voluntary payroll giving donation to the Charity. Additional income is derived from other donations, fundraising, legacies and investment income.

This User Guide contains:

- Information about the Charity and its governance
- The two key policies that reflect the Charity's governing documents and how the Charity's benefits may be applied
- Frequently asked questions
- Sample completed application form to show the level of detail requested

Whilst it is difficult to predict and consider every potential question that may be asked, I hope we have covered most of the questions that we are frequently asked and over time this section will grow to encompass new issues that become frequently raised.

The User Guide is also a useful resource for those who promote the work of the Charity to their colleagues. In addition to information that will assist in referring individuals to the Police Treatment Centres for treatment also included in this User Guide is our standard promotional information. This will undoubtedly be of interest to those officers and staff who help us to raise awareness and encourage officers, particularly new recruits, or transferees, to donate and support the Charity.

The User Guide will be reviewed and updated annually where appropriate. If you have suggestions about information or other material that could usefully be included in this guide please email the detail to enquiries@thepolicetreatmentcentres.org.

Michael Baxter, QPM

Chief Executive

June 2013

[Type text]

Index

	Page (CHECK)
The Police Treatment Centres	
About Us	3
Find Us	4
The application process	
<ul style="list-style-type: none"> • Eligibility Policy and criteria • Serving Officers and Retired Officers • Student officers • Non-donors • Recovery of PTC cost in personal injury claims • Transferees • Maternity Leave • Career Breaks • 30+ Schemes • Suspended officers • Special Constables • Members of a policing organisation • Reciprocal agreement with PRC Flint House 	• 6
Clinical admission criteria and Clinical Reporting Policy :	12
<ul style="list-style-type: none"> • Clinical criteria • Admission – general conditions • Periods of admission • Serving and retired officers • Preferencing • Dates to avoid • Cancellation and date changes • Timeliness of admission data • Companions • Family Friendly accommodation • Weekend accommodation – Spouse / Partner / Visitor • Provision of clinical reports 	
Facilities	
Summary of facilities	18
Treatment	
How to apply	19
Centre/Charity rules	20
Nursing	21
Physiotherapy – IN-patient	22
Physiotherapy – OUT- patient	22
Provision of Clinical Reports	23
Assistance with childcare	24
Assistance with dependent adults	25
Frequently Asked Questions	24
Appendices A to F:	



Appendix A	Example - Patient Information sheet
Appendix B	Example – IN-patient application for admission
Appendix C	Example – OUT- patient application for admission
Appendix D	Example - Companions Application Form (The <u>applicant</u> requires support)
Appendix E	Example - Companions Application Form (The <u>companion</u> requires support)
Appendix F	Additional Accommodations Booking Form



About Us

The Charity was founded by Catherine Gurney, OBE, more than one hundred years ago in 1898.

With effect from 01 January 2013 The Police Treatment Centres became a '**not for profit**' incorporated charitable company limited by guarantee registered with Companies House Registered 07822534

The Trust is also registered with the Charity Commission, Registered No. 1147449 & 1147449-1; and the Office of Scottish Charity Regulator, Registered No. SC043396 & SC039749

The Charity is not part of government or statutory police force arrangements e.g. police force, Police and Crime Commissioners; the Scottish Police Authority or the Northern Ireland Police Board.

The Charity provides two Treatment Centres where, following an injury or illness, serving and retired police officers can receive treatment, recuperation and rest with the aim of assisting their return to better health and wellbeing. The Centres are St Andrews in Harrogate, North Yorkshire; and Castlebrae in Auchterarder, Perthshire.

The Police Treatment Centres charitable objectives are dedicated to supporting police officers. The Charity's priority is the treatment of serving police officers and, where capacity and demand allow, retired police officers. There is a unique perspective on the treatment police officers require and each patient receives an individually tailored programme of job specific treatment which is delivered in a friendly and welcoming environment. Treatment is provided on both an IN and OUT patient basis.

Each year almost 4000 officers attend the Centres for treatment and in 2012 1 in 8 of those was retired police officer. The majority attend to receive intensive physiotherapy while the remainder attend for a variety of reasons such as: to recover from an operation; cardio rehab following a stroke; to seek assistance for stress, anxiety and other such conditions; for respite.

Income is mainly derived from a regular voluntary payroll giving donation from serving police officers in 20 police forces across England, Wales and Scotland. Additional income is derived from other donations, legacies and investment income.

Governance is provided by the Charity's Memorandum and Articles which provide for a Board of Trustees drawn from the respective police officer Staff Associations i.e. the Police Federations, Superintendents Associations and Chief Officer Associations; of England & Wales; Northern Ireland and Scotland.

The Board of Trustees provides strategic guidance through business planning; agrees and sets an annual budget; and monitors activity and service provision through regular reports on the annual business plan; and annual budget and service delivery.

The management of operations is overseen by the Chief Executive of the Charity who is supported by Heads of Department in: Catering; Facilities; Nursing and Physiotherapy; Finance and Admin; Human Resources; and Fundraising.

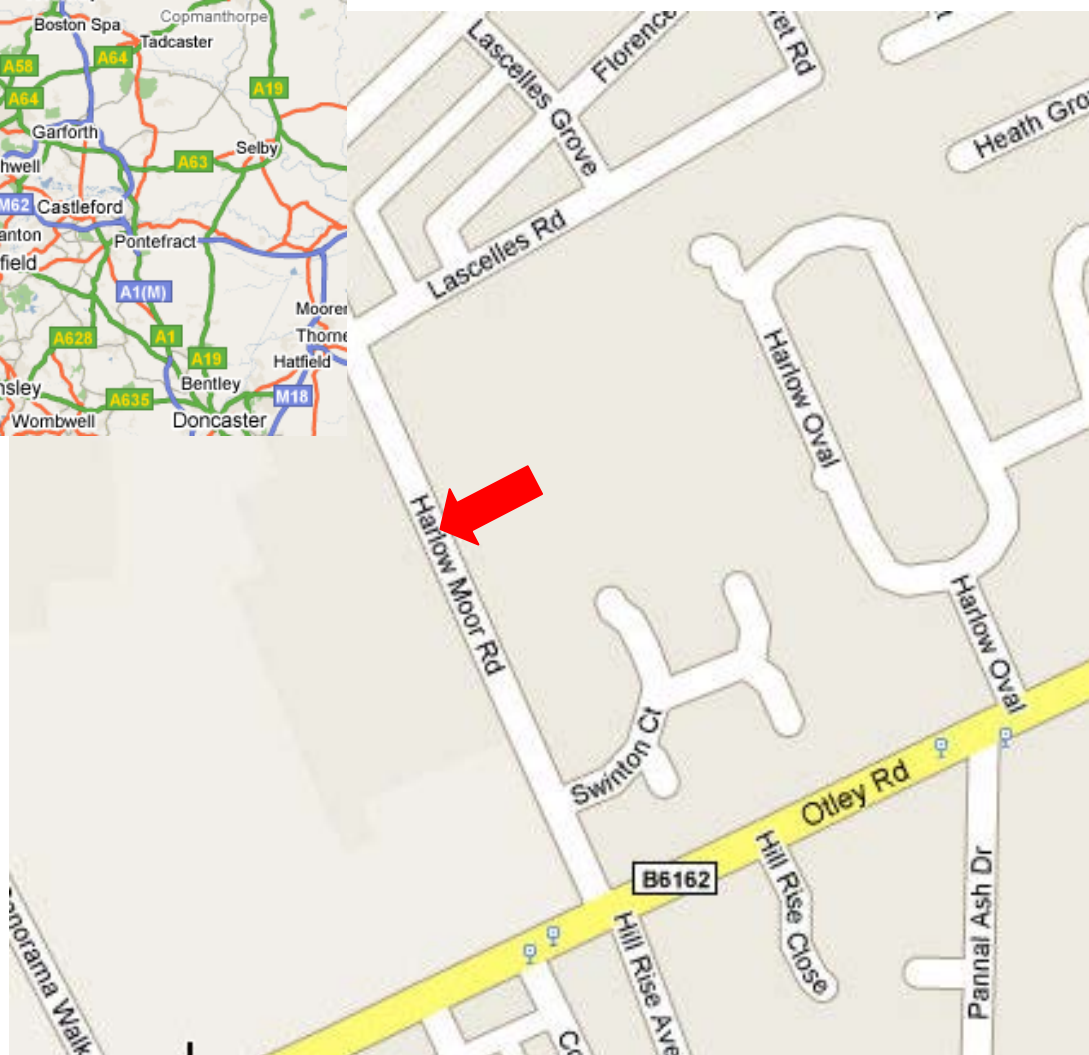
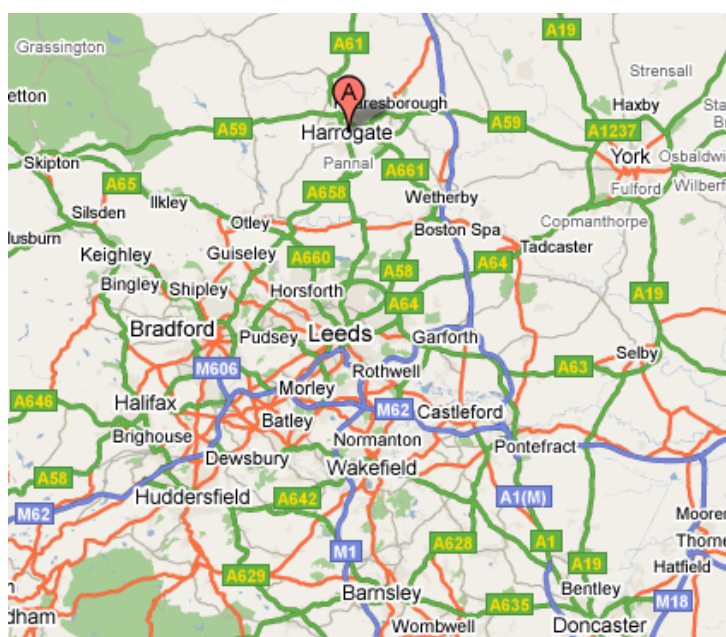


Find Us



St Andrews
Harlow Moor Road
Harrogate
North Yorkshire
HG2 0AD

Tel: 01423 504448
Fax: 01423 527543
Email: enquiries@thepolicetreatmentcentres.org



Find Us



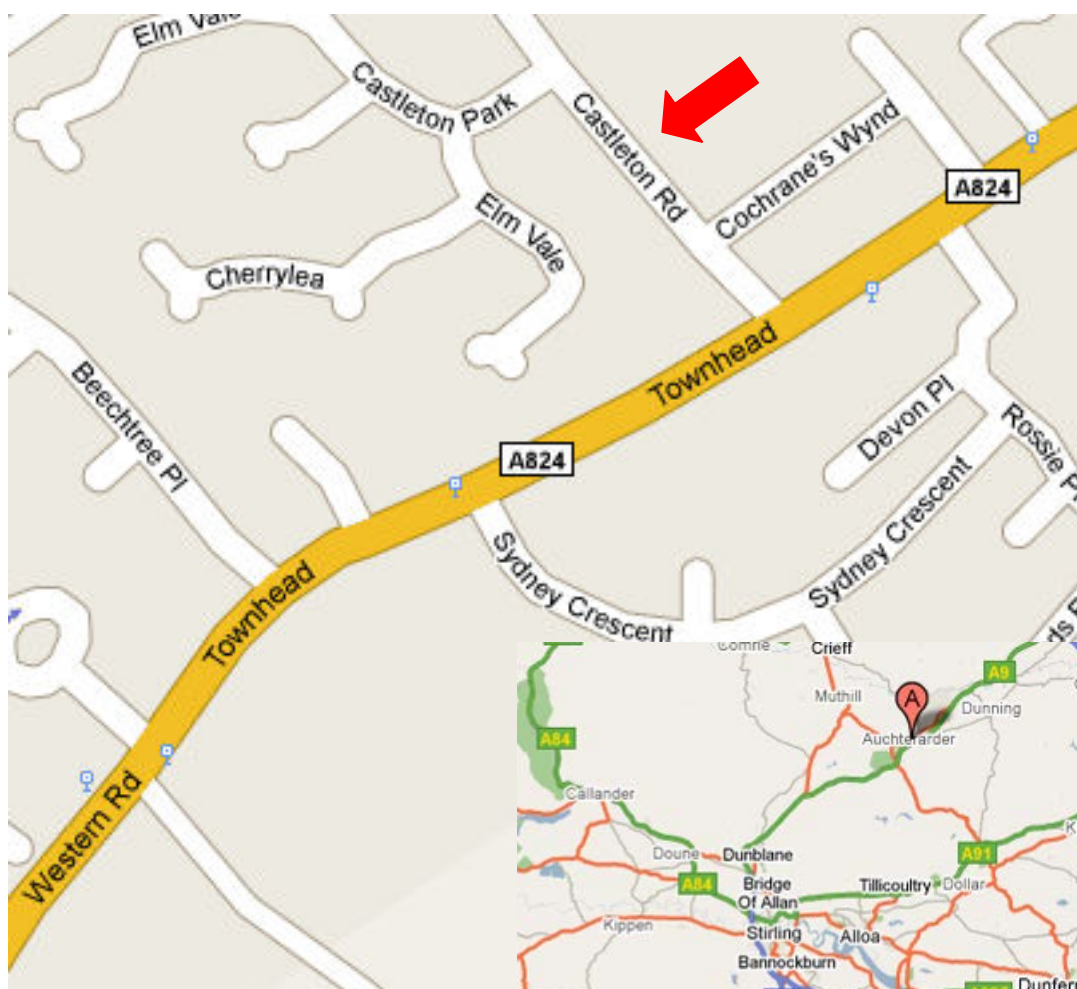
Castlebrae

Castleton Road
Auchterarder
Perthshire
PH3 1AG

Tel: 01764 664369

Fax: 01764 664598

Email: receptioncastlebrae@thepolicetreatmentcentres.org



Eligibility Policy and criteria

Policy Number:		Responsible Manager:	Chief Executive
Date of issue:	Board of Trustees:- Approved: 28 November 2008, and 14 February 2013 Revised: 1 January 2010 13 May 2010 1 January 2011 1 January 2012 3 June 2013	Policy Review:	Annually OR , where legislative or other issues prompt an earlier review

Policy Statement:

With effect from 01 January 2013 The Police Treatment Centres became a '**not for profit**' incorporated charitable company limited by guarantee registered with Companies House Registered 07822534

The Trust is also registered with the Charity Commission, Registered No. 1147449 & 1147449-1; and the Office of Scottish Charity Regulator, Registered No. SC043396 & SC039749

The Charity is not part of government or statutory police force arrangements e.g. police force, Police and Crime Commissioners; the Scottish Police Authority or the Northern Ireland Police Board.

This policy has been developed from requirements of the Charity's incorporated charitable company Memorandum and Articles as well as the precursor 'Sealed Schemes' (governing documents) held by those regulatory bodies.

The income of the Charity is mainly supported by serving police officers, in police forces comprising the Charity's 'constituency', who make a voluntary donation to the Charity, normally through monthly payroll giving (Give as You Earn - GAYE), the value of which is reviewed annually and expressed as a weekly amount.

This policy sets out the framework by which:

- Serving police officers who make the voluntary payroll giving donation may receive advice and treatment from the Charity 'free of charge', and,
- Retired police officers, who made the voluntary payroll giving donation during their police service, may receive advice and treatment from the Charity 'free of charge'.
- Special Constables and members of a 'policing' organisation may be considered for discretionary treatment.

The priority aim within the Charity's Memorandum and Articles (governing documents) is that serving police officers receive priority for treatment and that the Trustees have discretion where capacity (occupancy, treatment and financial) allows to consider retired police officers who may request admission for treatment.

All decisions on admission for treatment will always be based on the merits of each individual case and admission prioritised on the need for treatment.

The definition of 'police officer' and 'retired police officer' are contained within the policy



Purpose:

The purpose of this policy is:

- To provide clarity in the eligibility for treatment of serving police officers who make the voluntary donation to support the Charity
- To provide clarity in the eligibility for treatment of retired officers who made the voluntary donation to support the Charity whilst serving officers
- Provide a framework in which applications for admission can be considered from serving and retired police officers who are, or were when serving, non-donors to the Charity.

Legal Safeguard:

The contents of this policy have been drafted in accord with the incorporated charitable company Memorandum and Articles and precursor 'Sealed Schemes' of the Trust (governing documents); and policy decisions made by the Board of Trustees acting in accord with those regulatory documents.

Application of the Policy:

This policy will be applied pragmatically and with sympathetic consideration of all the issues involved in any particular case.

Note:

All decisions on admission for treatment will always be based on the merits of each individual case and admission prioritised on the need for treatment.

Responsibility for application of the policy:

The responsibility for the application of the policy will be that of the Chief Executive. An applicant for admission who believes that they have been unfairly treated under this policy, or their representative, should in the first instance raise the matter, normally in writing (including email), with the Chief Executive.

Should the matter not be resolved by the Chief Executive the applicant, or their representative, should without undue delay bring the matter to the attention, normally in writing (including email), of the Chair of the Board of Trustees who will take under consideration the matters raised.

Eligibility Criteria:

- a) Individuals normally eligible for the Charity's benefits and provision of treatment 'free of charge' are:
 - i. Serving police officers who hold the 'office of Constable', or,
 - ii. Who were serving police officers holding the 'office of Constable' and are now in receipt of a non-deferred police pension.

AND

- b) Who, during their police service contribute, or contributed, a voluntary payroll giving (or equivalent) donation to support the Charity's aims and objectives.

Student Officers:

To support Student officers during the first year of their probationary period the Trustees have agreed that the first 12 months will be free of donations provided that the Student Officer 'signs-up' to donate to the Charity within the first month of their service. The voluntary payroll giving donation to the Charity will commence after the expiry of 12 months service.



Individuals not normally eligible for treatment free of charge are:

- Serving officers who do not make the voluntary donation.
- Retired police officers who did not make the voluntary donation during their police service
- Former police officers who are not on a police pension e.g. resigned, required to resign, dismissed or otherwise left the service.
- Former police officers who are now in receipt of a deferred police pension having, for whatever reason, prematurely terminated their full term of police service e.g. resigned, required to resign, dismissed or otherwise left the service.

***Note:** 'receive a police pension' means:

- Retired on completion of specified term e.g. 30 years service
- Retired upon reaching age limit e.g. 60 years of age
- Retired upon discharge by reason of disability or other medical grounds
(Such individuals will have been allocated a force 'police pension number').

Non-donors:

The Board of Trustees are mindful of the fact that there are many reasons why a police officer does not make the voluntary payroll giving donation to support the Charity but that the officer may at some point in their service wish to begin contributing the payroll giving voluntary donation to support the Charity. There are occasions where not withstanding that the officer is a non-donor they may seek treatment from the Charity.

The Board of Trustees have examined the respective positions of student officers within their probationary period and those officers who have completed their probationary period. The Trustees recognise that to successfully complete a probationary period an officer must be both physically and mentally fit and this is a 'benchmark' that can be utilised within eligibility policy decisions.

Therefore, the Board of Trustees have agreed that:

- Where a police officer is within their probationary period, normally two years, they may commence contributing the payroll giving voluntary donation to the Charity without a time restriction period on admission for treatment being applied, however,
- Where a police officer who has two years service or more commences contributing the weekly voluntary donation to the Charity and applies for admission for treatment there will be a twelve month time restriction period on being admitted for treatment, **UNLESS**,
- Where an officer wishes to apply for treatment within the time restricted period they, or a third party e.g. their force or force benevolent arrangements, supports the Charity with a contribution of 'a suggested donation' equal to the average cost of a two week admission period for treatment or such an amount that may be reasonably agreed by the Charity.

The Trustees retain the discretion to consider each application from a non-donor on the merits of the particular case presented and take into account unique and/or significant circumstances that may apply when considering the proposed charge for admission and treatment, e.g. extreme financial hardship.

The average cost of admission for treatment will be reviewed annually and may therefore increase or decrease in accord with the Charity's annual running costs. On 1 December 2012 the average cost of a two week admission for treatment was £1,000 (12 days at £83.50 per day).



Recovery of PTC costs within personal injury claims:

In circumstances where an officer attends for treatment for an injury or illness that was caused by an event for which a third party is subject to a claim for compensation in respect of personal injury the PTC will seek 'rights of subrogation' (see below) to ensure recovery of the officer's PTC treatment costs against third parties, in such cases the following policy statement will apply:

'The Police Treatment Centres will be entitled to claim on behalf of any current serving officer or retired officer whom has been provided with treatment, the use of facilities and services at The Police Treatment Centres the cost of such treatment and cost of use of such facilities and services from third parties against whom a claim for personal injuries is brought'

The PTC Application for Admission Form contains two sections where an officer undertaking a claim for compensation from a third party is requested to provide information and an endorsement prior to treatment being received.

Note: "Subrogation" is a legal term regarding the substitution of one claim for another, especially the transfer of the right to receive payment of a debt to somebody other than the original creditor. In this case it is the cost of treatment reimbursed to the PTC.

Related eligibility matters:

Officers transferring between police forces:

There is now a strong 'transfer market' between forces and the frequency of officers transferring between forces is a regular occurrence. To transfer between forces an officer resigns the 'office of Constable' from their former force and rejoins their new force in the 'office of Constable' (no matter what rank they transfer in).

Many officers fail to realise that their voluntary donation to the Charity ceases when they leave their first force and doesn't automatically restart when they join their new force. In effect they have to authorise a new payroll giving voluntary donation to the Charity and if they fail to do so they then fall into becoming a non-donor.

This can not only occur when officers transfer within constituent forces of this Charity, but also when transferring from forces within The Police Rehabilitation Centre (Flint House) constituency area to constituent forces of this Charity.

However, when an officer becomes aware of their circumstance of being a non-donor to this Charity they may commence the payroll giving voluntary donation to this Charity and it may be suggested to them that they should consider a donation to the Charity in regard to the 'lost' donation period. Should such an officer seek treatment having been a non-donor then the provisions of the Non-Donor Policy will be considered with particular consideration of their previous voluntary donations to this Charity or to The Police Rehabilitation Centre (Flint House).

Maternity Leave:

A police officer on Maternity Leave retains the 'office of Constable' and should ensure that their voluntary donation to support the Charity continues to be made whilst on paid Maternity Leave otherwise they then fall into becoming a non-donor.

Officers on unpaid Maternity Leave, who had been donors to the Charity prior to Maternity Leave, will be granted a 'donation break' until resuming duty or ceasing to hold the 'office of Constable'.



Career Breaks:

A police officer who takes a 'career break' retains the 'office of Constable' and should ensure that their weekly voluntary donation to support the Charity continues to be made whilst on their career break otherwise they then fall into becoming a non-donor.

30+ Scheme:

Upon attaining 30 years service police officers may have the opportunity to join the 30+ Scheme. In effect the officer retires from the service for a short period, sometimes a single day, and rejoins in 'the office of Constable'. The officer receives a lump sum pension commutation but is not in receipt of their police pension which is not paid until they finally retire from the police service.

In effect an officer on the 30+ Scheme is not a retired officer and is not in receipt of a police pension, the officer holds the 'office of Constable' and should ensure that whilst on the 30+ Scheme their payroll giving voluntary donation to support the Charity continues to be made otherwise they then fall into becoming a non-donor.

Suspended Officers:

There are many reasons why a police officer may be suspended from duty: during the course of an investigation, or awaiting charge, or awaiting the matter being dealt with by a Court; or other disposal process.

The frequency of police officers being suspended from duty is fortunately rare, however, during their suspension a suspended officer may seek treatment from the Charity either for a reason unconnected with their suspension, or as a direct result of their suspension e.g. suffering anxiety and the need for rest and recuperation.

Each case of a suspended officer applying for admission will be considered on the individual merits of the case taking into account the following factors:

- Where there may be a potential of harm or danger to the officer themselves, patients attending the Centres or to staff.
- Where concern or embarrassment may be caused to the officer themselves, patients attending the Centres or to staff because of the nature of the allegation made.

Special Constables:

The Board of Trustees are mindful of the fact that Special Constables, who do not presently make a voluntary donation to support the Charity, are citizens who volunteer to support their police force and their communities. Special Constables are appointed to 'the office of Constable' and where, normally, in the execution of their duty as a Constable an injury or illness arises then consideration may be given for their admission for treatment.

Trustees would wish that the Special Constable, or a third party e.g. their force or force benevolent fund arrangements, supports the Charity with a contribution of 'a donation' taking into account the average cost of a two week admission period for treatment or such a reasonable donation that in the circumstances may be agreed by the Charity.

'Members of a policing organisation':

The Board of Trustees are also mindful of the fact that the policing 'landscape' has changed and is likely to change more in the future e.g. the Serious and Organised Crime Agency becoming a 'policing' body in a change to the National Crime Agency; or where police powers are exercised by a non-warranted employee e.g. PCSO or custody/detention officer.



Therefore where, normally, in the execution of their duty a 'member of a policing organisation' suffers injury or illness then Trustees may exercise their discretion and consideration may be given for their admission for treatment.

As with Special Constables (see above) Trustees would wish that the 'member of a policing organisation', or a third party e.g. their force or force benevolent fund arrangements, supports the Charity with a contribution of 'a donation' taking into account the average cost of a two week admission period for treatment or such a reasonable donation that in the circumstances may be agreed by the Charity.

Reciprocal Agreement with the Police Rehabilitation Centre (Flint House):

There may be infrequent occasions where an officer who serves, or a retired officer who did serve, in a Police Rehabilitation Centre (Flint House) police force would find it more appropriate to their needs to attend the PTC rather than Flint House which is located in Oxfordshire.

Reasons for this may include that the individual now resides within the PTC catchment area; or there is good reason why the individual seeks treatment elsewhere than in the company of officers from their own force e.g. a work related issue or condition.

The PTC Trustees have agreed with The Police Rehabilitation Centre (Flint House) to operate a reciprocal admission policy where in 'significant and unique cases' a serving or retired officer **may** be approved for admission to the PTC. This depends on the individual meeting the general eligibility criteria (which is the same for The Police Rehabilitation Centre: Flint House) and is subject to availability and capacity issues (occupancy, treatment and financial).

The Police Rehabilitation Centre (Flint House) will consider applications for admission in respect of officers who serve, or retired officers who did serve, in a PTC police force and make their decisions on a similar basis.

The length of 'waiting lists' at either the PTC or the PRC (Flint House) does not normally constitute a significant or unique reason.

Ends

----- oo0oo -----.



Clinical Admission Criteria and Clinical Reporting Policy

Responsible Manager:			Chief Executive
Issue date:	Board of Trustees:- Approved: 28 November 2008, and 14 February 2013 Revised: 1 January 2010 13 May 2010 1 January 2011 1 January 2012 3 June 2013	Policy Review:	Three years from date of issue, OR , where legislative or other issues prompt an earlier review

Policy Statement:

This policy sets out the clinical admission assessment criteria and process which has been developed so that the Charity better understands the circumstances and needs of the applicant for admission and can decide, organise and schedule appropriate treatment to support the applicant in a return to better health and wellbeing.

Purpose:

The purpose of this policy is:

- To provide a framework and process to assist clinical decision making in respect of an application for admission for treatment
- To provide a framework and process for the potential provision of clinical reports following treatment

Legal Safeguard:

The Treatment Centres at St Andrews and Castlebrae are not registered care homes with the meaning of the Care Standards Acts of England & Wales, Scotland and Northern Ireland. Consequently the Centres are not approved, nor capable of providing acute, long term or intermediate care.

All decisions on admission for treatment will always be based on the merits of each individual case and admission prioritised on the need for treatment.

Responsibility for application of the policy:

The responsibility for the application of the policy will be that of the Chief Executive.

An applicant for admission who believes that they have been unfairly treated under this policy, or their representative, should in the first instance raise the matter, normally in writing (including email), with the Chief Executive.

Should the matter not be resolved by the Chief Executive the applicant, or their representative, should bring the matter to the attention, normally in writing (including email), of the Chairman of the Board of Trustees without undue delay.



Policy:

A number of factors have been taken into account in developing the framework to assist in making decisions about applications for admission for treatment; including:

- Care Quality Commission and Care Standard Acts and their content,
- Criteria based upon the 'Activities of Daily Living' (ADL); (Roper, Logan & Tierney).
- Issues of nursing and personal care in relation to persons who are, or have been:
 - Suffering from an illness;
 - Experiencing mental health issues;
 - Disabled or infirm;
 - Dependent on alcohol and/or drugs.
- Acute and chronic circumstances:
 - Acute: normally no admission whilst the circumstance is fresh; e.g. wait until the acute issue is under control
 - Sub acute: generally no problem in considering an application for admission
 - Chronic: normally no long term resolution to the condition, varying degrees of success in rehabilitation/respite achieved

Clinical Criteria:

Individuals (see the PTC Eligibility Policy) who make application for admission and who are considered for physiotherapy, nursing, 'respite' or any other treatment and support, as either a residential IN-patient or as an OUT-patient should:

- a) Normally be capable of independently undertaking the 'Activities of Daily Living' (ADL) including self-care and self-medication, however,
- b) Where the circumstances of the applicant for admission do not meet the criteria of a) above:
 - Each and every application will be sympathetically considered as a 'significant and unique' case on its own individual merits in relation to the level of support an individual may need with 'Activities of Daily Living (ADL), self-care and self-medication.
 - Account will be taken of the support that an individual could themselves marshal to assist their circumstances e.g. accompanied by a 'companion' e.g. spouse/partner, son/daughter; friend.
- c) **Weight:** The treatment and rehab gym equipment; room furniture and other facilities are not designed for use by persons over 25 stone/158 kg in weight. Two specialist bariatric rooms have been equipped to deal with weights of up to 25 stone/158 kg. Further enquires will be made of applicants within a weight range of 20 stone/127 kg and 25 stone/158 kg.

*NOTE:

- *No decision made in respect of any 'significant and unique' case will breach the registration requirements of the relevant Care Standards Acts or Care Quality Commission Standards.*
- *Any decision in respect of a 'significant and unique case' will not form a precedent for that individual or any other application for admission.*
- *Where the applicant themselves is a 'carer' for a dependent child or dependent adult sympathetic consideration will be given to attendance in appropriate Centre accommodation whilst the applicant themselves receives treatment.*
- *Companions: A Companion's Application Form should be completed in such cases to accompany the individual's application for admission (See 'Companions' on page 15).*



Admission:

Overall principle:

The Charity's priority aim within the Memorandum and Articles (governing documents) is that serving police officers receive priority for treatment. The Trustees have discretion, where capacity (occupancy, treatment and financial) allows, to consider applications from retired police officers who request admission for treatment.

The definitions of 'police officer' and 'retired police officer' are contained within the PTC Eligibility Policy (which is at the beginning of this User Guide).

General conditions:

All applications for treatment, or to be accompanied by a 'companion', must be submitted on the Charity's current application forms.

Applications for admission must be supported by evidence of a clinical need that can be addressed by the Charity's treatment.

Second or further admission:

Applications for a further admission should not normally be made until at least 12 months has elapsed since a previous admission period. **UNLESS:**

- The PTC clinical assessment at the conclusion of that previous admission recommends an earlier admission, **OR,**
- There is a significant change in the current condition/circumstances which merits an earlier admission, **OR,**
- A new circumstance or condition has arisen that would promote the consideration of an earlier admission.

Where, at the conclusion of a period of admission, the PTC clinical assessment recommends no further clinical treatment is necessary for the same condition, particularly after several admissions, consideration may be given to:

- The clinical need for non-physio and respite treatment, **OR,**
- Not approving a further admission because no practical or long term benefit can be achieved through use of the Charity's scarce resources.

General conditions - Periods of admission:

The Charity's Treatment Centres are open for treatment throughout the year and on all Bank Holidays for admission and treatment, with the exclusion of the period in which Christmas and New Year fall.

Admission to the Centres for treatment will normally be for a one or two week duration although an extended period (normally of a further week) may be advised by a physiotherapist or nurse and will be considered taking all factors into account e.g. occupancy demand.

Provision for non-residential treatment as an OUT-patient may also be considered in appropriate circumstances e.g. proximity of home address, or temporary residence, and travel time to and from either Centre.



General conditions - Serving officers:

The period of admission for a serving officer is normally of two weeks during which it is considered that the maximum benefit from treatment can be achieved. Admission will normally take place on a Monday; bedrooms may not be ready for occupation before 1200, however, treatment assessments may commence from 0930.

- Personal circumstances or duty requirements may mean that a one week admission for treatment is more beneficial than no admission at all. If so, this will normally be Monday to Friday only (four night's duration); however, consideration **may** be given to a Sunday admission with arrival after 1430.
- Where an assessment at the conclusion of a period of treatment recommends a further admission for treatment (and earlier than the elapse of 12 months) to optimise the benefits of treatment this further period will normally be Monday to Friday (four night's duration).
- A Sunday arrival prior to a period of admission will normally only be offered where an individual's 'significant and unique' personal or travel circumstances merit consideration of such.
- In any circumstance, patients must vacate their bedroom by 1030 on the day of departure (lunch may be provided on request before a later departure from the Centre itself).

General conditions – retired officers:

Dependent upon serving officer demand for admission, and subject to capacity (accommodation, treatment and financial), retired officers who apply for admission and who meet the clinical criteria will normally be offered a one week period of admission.

- The one week period of admission will normally be:
 - Sunday arrival – not before 1430.
 - Sunday departure - vacating the room by 1030 (lunch may be provided on request before a later departure from the Centre itself).
- Retired officers will be required to attend a nursing assessment on the Sunday of their arrival in order to avoid undue delay in their access to Monday treatment.
- Monday arrival and departure will only be considered where there are 'significant and unique' circumstances present and each case will be considered on its individual merits, e.g. where NARPO/RPOAS or force transport is being arranged.
- Where an assessment at the conclusion of a period of treatment recommends a further (and earlier than the elapse of 12 months) admission for treatment to optimise the benefits of treatment this further period will normally be Monday to Friday (four night's duration).

General conditions – 'Preferencing'

The Application Form allows an applicant to express a preference to attend Castlebrae; St Andrews; or 'Either'. However, notwithstanding a declared preference the allocation to a Centre for treatment will depend upon a number of factors for example: capacity and waiting lists at each Centre; and the urgency for treatment.

An option of '**Either**' is provided and by selecting this option the applicant may be allocated admission for treatment sooner than if they expressed a preference solely for a specific Centre.

Sympathetic consideration will be given to an expressed preference and where possible we will try to meet the request.



'Dates to Avoid'

The Charity's Treatment Centres are open for treatment throughout the year and on all Bank Holidays for admission and treatment, with the exclusion of the period in which Christmas and New Year fall.

It is critical that on their application form an applicant provides their 'dates to avoid' for the 12 week period from the date of the signed Application Form. It is surprising how many applicants forget to include key personal dates, such as their children's birthdays or anniversary's, and later contact the Charity to change their allocated admission date

Cancellation and changes of admission date:

Following the allocation of an admission date there may be occasions where this date becomes unsuitable for a range of good reason e.g. required at court; duty requirements; NHS appointment for treatment/surgery.

The adverse impact of these cancellations and changes can often mean:

- A lost opportunity to treat another officer
- Increased waiting time for the applicant and other officers applying for treatment
- Additional administrative cost to the Charity
- Additional administrative cost to the officer's force.

During 2012 there was a significant increase in the number of cancellations and changes of the allocated admission date. This caused problems in re-arranging and allocating an alternative admission date as well as the potential loss of treatment opportunities for other applicants.

Regrettably, not all notices of cancellation were forwarded to the PTC which sometimes meant that the first notice of a cancellation was when a patient failed to attend for admission on the allocated date. This then meant that there was an unexpected vacancy which, had notice of cancellation been received, could have been allocated to another applicant and may have meant an earlier admission for that individual.

Notification of cancellation:

Therefore, notwithstanding that they may have notified their in-force arrangements, the applicant themselves must notify the PTC in writing (an email will suffice).of any cancellation or requested change of admission date and also provide 'dates to avoid' within the following twelve weeks to help with re-arranging their admission date.

Timeliness of admission date:

When the admission date that the PTC can offer, whether first, second or third, admission date, is more than 12 weeks since the date of the original application; further enquiries will normally be undertaken to assess the current clinical need to attend for treatment.

Those further enquiries may include the provision of advice about what other treatment or activity could be undertaken in the intervening period before any potential admission. The advice may also include referral to more local provision in appropriate cases e.g. force local provision; NWPBF - St Michael's/Mather Avenue; N Ireland – PRRT.

In some cases it may be necessary, because of the passage of time, to require a further application to be submitted with up to date information of the current clinical condition and treatment need.



Companions:

Having regard to the Clinical Criteria, referred to on page 13 in this User Guide, account will be taken of the support that a patient can themselves marshal where there is a need for support to them in the 'activities of daily living' whilst an IN-patient e.g. help in getting dressed or undressed.

Where this is the case the applicant must also submit a Companions Application Form providing sufficient information upon which to make a decision to allow a companion to also attend the Centre. This is particularly important where the 'companion' themselves may have clinical or special needs that should be taken account of e.g. accommodation, diet, etc.

Applicants requesting to be accompanied by a 'companion' **may** be contacted by one of the Charity's nurses to verify the need to be accompanied.

'Family friendly' accommodation - Cottages:

The cottages at each Centre may be available to assist in accommodating patients who have a family or personal circumstance where 'family' accommodation would support their ability to attend for treatment e.g. resident dependent/disabled member of the family. *Please see the Childcare Section on **Page xx**.*

Cottage admission will normally be for one week:

- Monday to Sunday - arrival not before 1430.
- Sunday departure - vacating the cottage by 1030.

Weekend accommodation – Spouse / Partner / Visitor:

If the admission for treatment is for two weeks, or in the case of a retired officer who is staying over the weekend; we MAY be able to provide accommodation at the Centre for a spouse/partner to join the patient and stay over the weekend as well.

This accommodation availability is limited and is provided at a cost to the patient/spouse/partner which can be found on the PTC Accommodation Application Form which is on the PTC website.

This Form must normally be submitted along with your application for admission. If accommodation is available we will contact you to confirm this and arrange for payment which is required before the spouse/partner attends.

Provision of Clinical Reports

There is no standard 'police fitness test' and it is therefore not possible for the Charity to make any clinical assessment against a standardised criteria to assess the level of fitness for duty of any individual police officer. This is the legal responsibility of the officer's employer.

Therefore the only clinical reports that can be provided by the Charity are in relation to the nature and assessment of the condition of the patient upon admission; treatment provision then accessed and undertaken; the outcomes of that treatment e.g. increased mobility.

At the conclusion of a programme of treatment a brief clinical report **may** be made available to the individual or, with their consent, to a third party.

Additional detailed clinical reports requested by an individual or, with their consent, a third party, may be subject to a charge for their provision in accord with standard costs agreed



by professional or legal bodies e.g. BMA, Law Society, ACPO & ACPO(S). The report will be provided once payment has been received by the PTC.

Ends

----- oo0oo -----



Summary of facilities

Both St Andrews and Castlebrae have excellent facilities to assist with an officer's treatment, recuperation and relaxation.

Bedrooms – The bedrooms are generally single en suite rooms but there are a small number of twin/double rooms for use in certain circumstances by a patient and their 'companion'. Rooms are equipped with a television/DVD and also tea and coffee making facilities.

Please refer to the clinical admissions criteria on **Pages 13 and xx** for more information about Companions and weekend accommodation

Cottages – In addition to the accommodation in the Centres there is a self-catering cottage in the grounds of St Andrews and two self-catering bungalows at Castlebrae. This accommodation is available to officers who need to attend with their family or 'companion'. Each case will be examined on its own merit and if approved will normally be for a one week stay. Children under 16 years are not normally permitted to use the Centres' facilities.

Treatment rooms – Both Centres have large physiotherapy departments, a nursing surgery and clinical room and a suite of complementary therapy rooms.

Patient Advisor - Each Centre also has a Patient Advisor position which provides for a 'listening ear and signpost' to force and local welfare and support facilities.

Exercise areas – The gyms at St Andrews and Castlebrae are rehabilitation gyms and so feature mostly cardiovascular equipment with some weight bearing apparatus and free weights (although the facility is a rehab gym rather than a 'body building' gym). In addition there are fitness rooms where the fitness and strength classes are held. Each Centre has a treatment and training pool.

Patient relaxation facilities – In the pool area at each Centre there is a sauna/steam room. At St Andrews there is also an aromatherapy room and Castlebrae has a spa bath. There are a number of mountain bikes available as well as a putting green, tennis court and other outdoor activities. Indoor activities include snooker, pool and table tennis.

Communal areas – Sky television is available in the main lounges at St Andrews and Castlebrae and there are other 'quiet' lounges. Wi Fi internet access is available throughout each Centre and was installed in response to patient demand – a small charge is made for this service. At each Centre there is a library of books and DVDs many of which have been donated by patients. Hot drinks machines are available at no cost and vending machines holding a range of healthy options (and chocolate!) are also available.

Grounds – St Andrews and Castlebrae are set in acres of landscaped gardens complete with ponds and seating areas. Both Centres feature a memorial garden in recognition of the Charity's founder, Miss Catherine Gurney, OBE. At Castlebrae the memorial garden takes the form of a discrete sensory garden.



How to apply

Serving police officers who donate to the Charity, or retired police officers who contributed throughout their police service, who wish to apply for treatment at the Centres are required to complete an application form. (Full definitions of 'police officer' and 'retired police officer' are contained within the PTC Eligibility Policy).

Application for Admission forms are no longer printed and distributed to forces in bulk. Instead application forms are available to download from the Police Treatment Centre website www.thepolicetreatmentcentres.org.

Alternatively the form is available in PDF format for forces to upload to their own internal computer systems. Please ensure that the most up to date form is used and you can email enquiries@thepolicetreatmentcentres.org for a copy of the PDF file.

The application process is outlined below in general terms. (Please note there are some minor variations from force to force):

- The Application Form should be completed by the applicant and signed by a medical practitioner (Force Medical Officer, Occupational Health Nurse, Physiotherapist or GP).
- The Application Form is submitted to the Force Occupational Health department, or HR, or Police Federation office who should check it has been completed in full (a check list is provided).
- Where appropriate a Companions Application Form or weekend Accommodation Application Form should also be submitted
- The Application Form should be sent to Admissions at The Police Treatment Centre, Harrogate, for processing.
- Serving officers are normally asked to submit two payslips, the most recent and one of which should be from at least six months previously (and no more than 12 months previously) to confirm their donations to the Charity.
- Retired officers will be asked to confirm on the Application Form the date they joined and retired from the police service.
- Clinical assessment of the application and information is undertaken at the Police Treatment Centres to verify and prioritise treatment need; and to try and ensure applicants are attending for treatment at the optimum time in their recovery process.
- If necessary further enquiries will be made of the applicant by a member of the clinical teams.
- The applicant will be allocated a date to attend for treatment via their force Occupational Health Unit or Police Federation representative, normally within ten working days of receipt by the PTC.
- Joining instructions and a patient information sheet (**Appendix A**) are then sent to the applicant.

By way of example specimen completed IN-patient; OUT-patient; and Companion Application forms are available in **Appendix B** to demonstrate the level of detail required to process an application as swiftly and effectively as possible. Often information is omitted from the form, such as a proper description of the condition requiring treatment, dietary needs, dates to avoid and so on, and this can delay the application process whilst further enquiries seeking clarification are made.

Officers can state a preference as to which Centre, they would wish to attend but should be aware the final decision of which Centre will be allocated will be based on the nature of the treatment required and the optimum attendance time. A further preference of 'Either Centre' is also provided which assists with allocating an earlier admission if the waiting list is longer at one Centre than at the other Centre.



Centre/Charity rules

Many officers staying at the Police Treatment Centre require rest and recuperation so while the aim is to have a relaxed atmosphere, there are a few necessary rules and the cooperation of all patients is sought in abiding by these rules:

- There is no consumption of alcohol permitted at the Centres.
- Smoking is not allowed anywhere inside the buildings.
- Patients and visitors should sign in and out when entering and leaving the premises.
- No visitors are permitted in the building after 2300.
- Patients are asked to return to the Centres by midnight so as not to disturb other patients and to also ensure they are fit and ready to participate in planned treatment and activities the following day.

On arrival at the Centres

- Patients are asked to arrive at the Centres at the time specified in their joining instructions because this greatly assists with the admission process. There is sufficient free parking at both Centres.
- After being received at reception the patient is shown to his/her room and a tour of the Centre is available at set times.
- Every patient sees the nurse for an induction assessment on arrival prior to any further physio assessment and starting their treatment programme.
- At 1700 every Monday a short welcome talk is held to give new patients an overview of their stay and provide an opportunity for any queries to be answered.

On departure from the Centres

- The Charity is working towards developing a simple 'discharge report' for issue to officers who may then share that discharge report with their force Occupational Health arrangements, or GP, if they so wish.
- Where forces or other parties e.g. Police Federation, request written reports these will be made available to forces only if the patient consents to this in writing and a charge to the force or requester is likely to be made for doing so.
- In the case of requests for medical reports from legal advisors or insurance companies these will only be released if authorised by the patient, and a charge will be made in line with ACPO, BMA or Law Society rates before such reports are released.
- Where a serving or retired officer is receiving treatment as a result of an event where there is a claim for personal injury compensation being pursued then the Charity will ask the officer to authorise the Charity being 'enjoined' with their claim so as to recover the cost of their treatment received at the Charity. This is a normal legal process and supports meeting the Charity's annual expenditure. There is no cost to the officer in such a process and the Charity will liaise and work with the officer's legal advisors to achieve a mutually satisfactory outcome.
- Before each patient leaves they are asked to complete a feedback form. The results of patient feedback are important in helping to shape the facilities and services provided at the Police Treatment Centres.



Treatment – Nursing

The nursing departments are staffed by experienced nurses who see every patient on arrival at the Centres to undertake a short induction clinical assessment.

The main aim of the nursing staff is to promote the benefits of a healthy lifestyle and to encourage patients to take a more proactive approach in managing their health. As well as offering well-person checks, advice and information sessions are provided on a number of topics such as sleep problems, men's and women's health, alcohol awareness, and recognising and dealing with the symptoms of stress. Relaxation classes provide a welcome opportunity to de-stress.

As officers generally spend a maximum of twelve days at a time at the Centres formal counselling is not offered. However, the Charity's Patient Advisors are able to provide a confidential listening ear and act as a 'signpost' to help officers identify additional support services in their force or home environments.

As part of a holistic approach to treatment and care, an ever-increasing range of complementary therapies, delivered by qualified therapists, is offered at the Police Treatment Centres. Therapies are extremely popular and while provision has been made for additional appointments, it is important to note that provision is limited and all appointments are allocated by the nursing staff based on the needs of the individual patient with priority normally being given to non-physio patients.

No complementary therapy sessions will normally be offered to OUT-patients, non-residents or 'companions' accompanying an IN-patient. The availability of complementary therapy sessions will always be dependent upon the availability of trained staff.

Should any appointments remain unallocated these may be offered to all patients who wish to book a treatment on a first come first served basis. A contribution of at least £15 towards the cost of these treatments is requested.

The Police Treatment Centres are not registered nursing homes and as such, patients who are admitted must be able to care for themselves. However, officers requiring a degree of assistance from a 'companion' e.g. spouse/partner; son/daughter can attend the Centres under certain circumstances. If there is any doubt these matters can be discussed with the Charity's clinical staff prior to submitting an application for admission.

Treatment – Physiotherapy (IN-patient)

The majority of officers attending the Police Treatment Centres do so to receive intensive physiotherapy treatment.

Following the nursing induction on their day of arrival each physio patient is thoroughly assessed, relevant to their condition, by a physiotherapist to enable a tailored individual treatment programme to be developed. This normally involves measurement of joint range of movement, muscle strength and pain levels so that suitable goals of treatment can be set. Treatment can include:

- Hands-on manipulation and mobilisation
- Electrotherapy, such as ultrasound
- Heat and ice treatment
- Acupuncture
- Individual active and passive exercise
- Class activity and exercise
- Postural education



The physiotherapists take a proactive approach to treatment but the emphasis is on helping patients to help themselves; patients are encouraged to participate in education and exercise classes and make good use of the facilities, including the swimming pool and exercise gym. Such work is carefully guided and can be checked daily if necessary.

Education is an important part of the work of our physiotherapists, who aim to promote self-management and a better understanding of anatomy, pain management, injury prevention and maintenance of good health.

Through a continuous professional development scheme all of the physiotherapists at the Police Treatment Centres keep up-to-date with current clinical evidence and new treatments.

Treatment – Physiotherapy (OUT-patient)

The Charity offers an OUT-patient service and will normally only see patients who live, or temporarily reside, within less than one hour's drive time of each Police Treatment Centre. This is because longer travel time and journeys are likely to negate any beneficial effect of physiotherapy treatment (depending upon the nature of the condition to be treated). Treatment decisions made will be based on individual circumstances.

OUT-patient services are intended to be short term interventions and the service is not provided on a long term basis with regular visits over a long period of time. For ongoing long term treatment following a PTC OUT-patient intervention the officer should liaise with their force Occupational Health Dept, their own GP, or make other private arrangements.

If there is any doubt matters can be discussed with the Charity's clinical staff prior to submitting an application for treatment.

We offer a telephone advisory service to give officers access to information on whether physio treatment is needed and if so, how to access it. Officers should call and ask for the Physio Department:

St Andrews	Tel: 01423 504448	Fax: 01423 527543
Castlebrae	Tel: 01764 664369	Fax: 01764 664598

All potential OUT-patients should contact their Occupational Health, Welfare or HR Dept who should send a fax or email with the completed OUT-patient Application Form to the St Andrews Treatment Centre at Harrogate. This helps us to: verify if a patient has been contributing to the Charity; prevent queue-jumping; ensure that the force Occupational Health or Welfare Dept are aware of the case and ensure all personal and medical information remains strictly confidential.

Application Forms should be completed clearly with accurate contact numbers so that, if necessary, further enquiries can be progressed swiftly. We try to keep OUT-patient waiting times to a maximum of one week; incorrectly completed or unclear application forms may delay treatment and can cause problems when we try to contact a patient.

Serving officers and IN-patients will always be our priority as they have been released by their force to receive intensive treatment. We get many queries from retired officers but refer them to Occupational Health or Welfare departments as they still need to get the appropriate OUT-patient Application Form signed.

Sometimes advice can be given over the phone. In other cases we may offer a one-off advisory visit and may then sometimes suggest that the applicant applies to be admitted as an IN-patient because their condition requires intensive treatment.



We have information on assistance with childcare (and other dependency issues) which may help some applicants for whom a residential stay could prove difficult (see [page 24](#)).

Provision of Clinical Reports:

There is no standard 'police fitness test' and it is therefore not possible for the Charity to make any clinical assessment against a standardised criteria to assess the level of fitness for duty of any individual police officer. This is the legal responsibility of the officer's employer.

Therefore the only clinical reports that can be provided by the Charity are in relation to the nature and assessment of the condition of the patient upon admission; treatment provision then accessed and undertaken; the outcomes of that treatment e.g. increased mobility.

At the conclusion of a programme of treatment a brief clinical report **may** be made available to the individual or, with their consent, to a third party.

Additional detailed clinical reports requested by an individual or, with their consent, a third party, may be subject to a charge for their provision in accord with standard costs agreed by professional or legal bodies e.g. BMA, Law Society, ACPO & ACPO(S). The report will be provided once payment has been received by the PTC.

Assistance with childcare

For some officers, childcare issues may make it difficult to attend the Police Treatment Centres to receive treatment.

If this is the case, officers should be aware that both of our Centres have self-catering cottages available for use by families. Officers with young children can apply to stay in one of the cottages and can bring a partner, family member or friend with them to care for the children while they receive treatment.

Cottage admission will normally be for one week:

- Sunday to Monday - arrival not before 1430.
- Sunday departure - vacating the cottage by 1030.

For officers who simply have no-one they can call upon to assist in this way there is an alternative available at St Andrews in Harrogate. Again the officer can apply to stay in the cottage with their children but during treatment sessions and we have an arrangement with a local nursery where the applicant can make their own appropriate arrangements for childcare

a place can be arranged for the youngsters to attend a local Kindercare Nursery. The cost of this placement will be borne by the officer.

The nursery is located in Cornwall Road, Harrogate, and a short walk away from the Police Treatment Centre. The nursery has undergone extensive refurbishment and cares for children aged 12 weeks to five years from Monday to Friday. Qualified staff and nursery assistants care for the children and the nursery is supervised by a full qualified and experienced Early Years Practitioner, with close involvement of a nursery co-ordinator.*

Officers are welcome to contact the nursery for more information or to arrange a visit. The telephone number for Kindercare is 01423 560875.



The Charity accepts no responsibility or liability for any service provided as a result of an arrangement between the officer and Kindercare.

Cottages:

The cottages at each Centre are provided to assist in accommodating patients who have a family or personal circumstance where 'family' accommodation would support their ability to attend for treatment e.g. resident dependent/disabled member of the family:

* Information from the current Kindercare prospectus.

Assistance with dependent adults

Officers may also, in some circumstances, have responsibility for their adult children or aged relatives.

Should these responsibilities present a barrier to making an application for admission a discussion with an appropriate member of Charity staff may enable solutions to be explored.



Frequently Asked Questions

Eligibility

Q1. I don't (or as retired officer - didn't) donate to the Charity but I really need treatment. Can you help me?

Treatment at the Centres is only provided free of charge to donating officers. We may be able to help non-donors, however, that would be at a charge. For more information please refer to our Eligibility Policy on [page 6](#).

Q2. I have retired from the police force but have now returned on the 30-plus scheme. Am I eligible to attend?

Retired police officers become eligible for admission to the Centre when they are in receipt of a full police pension. The Trustees of the Police Treatment Centres have agreed that officers who have opted for the 30-plus scheme remain serving police officers holding 'the office of Constable' and must continue to regularly donate to the Charity to retain eligibility for free treatment.

Admission and Treatment Periods

Q3. What is the usual treatment period for serving officers?

Serving officers would generally stay for two weeks. Personal circumstances or duty requirements may mean that a one week admission is more beneficial than no admission at all. If so, this will normally be Monday to Friday only (four nights duration), however - consideration **may** be given to a Sunday admission with arrival after 1430.

Q4. What is the usual treatment period for retired officers?

The Charity's Memorandum and Articles (governing document) state that priority will be given to serving officers who are seeking treatment and if capacity and demand allow retired officers may be able to attend. Retired officers will generally be offered a one-week stay.

Q5. How often can an individual attend for treatment?

Applications for further admission should not normally be made until at least 12 months has elapsed since a previous admission period unless certain circumstances are present. For full details please see our Clinical Admission policy on [page 12](#).

Q6. I last attended for treatment about 8 months ago. Can I apply for a further period of treatment?

Applications for a further admission should not normally be made until at least 12 months has elapsed since a previous admission period. Exceptions to this rule are:

- If PTC clinical assessment at the conclusion of that previous admission recommends an earlier admission; or
- If there is a significant change in the current condition/circumstances which merits an earlier admission; or
- A new circumstance or condition has arisen that would prompt the consideration of an earlier admission.

Clear medical evidence of such a change in circumstance must be provided.



Q7. I recently applied for treatment but was turned down on this occasion. Why was that?

Individual circumstances will vary but the decision may have been reached because no practical or long term benefit can be achieved in your injury or illness through use of the Charity's scarce resources (see [page 13](#) regarding chronic conditions).

Q8. I have childcare issues. Can I be booked in to attend the Centre daily but go home each night?

To get the maximum benefit from the treatment programmes officers would generally be expected to stay at the Centres for the duration of their treatment.

There are cottages available for use by families at each Centre and these are available for periods normally of one week. At St Andrews we have an arrangement with a local nursery where the applicant can make their own appropriate arrangements for childcare ([see page 22](#)).

In some circumstances provision for non-residential treatment as an OUT-patient may also be considered so as to help with these matters, this will depend upon the proximity of your home address, or temporary residence, and travel time to and from treatment ([see page 22](#)).

Every application for admission as an OUT-patient will be considered on its individual and clinical merits.

Seeking Treatment

Q9. Can I only attend if I have been hurt on duty?

Treatment is available regardless of how injury/illness was sustained.

Q10. Do you only treat the most serious injuries?

We can treat a large range of injuries ranging from serious to minor. In the case of less serious conditions we often find officers attending for physio do so quite late on in their recovery whereas in fact an early intervention can often bring about far more significant results. If your condition is affecting your ability to perform the activities of daily living or your job to the full then you should consider applying for treatment.

Q11. I'm due to have an operation shortly. When is the best time to attend for treatment?

This will vary according to the exact nature of the surgery, i.e. after joint replacement it is best to wait until your stitches are removed and the wound is healed at around three weeks, but after ACL reconstruction a six-week post-operative period is recommended to allow for the knee joint to settle down. Please contact the Physiotherapy Department if you require further guidance.

Q12. Can I express a preference for which Centre to attend?

The Application Form allows you to express a preference to attend Castlebrae; St Andrews; or 'Either'. However, allocation will depend upon a number of factors for example: capacity and waiting lists at each Centre; and the urgency for treatment.

By preferencing 'Either' you may be allocated admission for treatment sooner than if you expressed a preference solely for a specific Centre.

Sympathetic consideration will be given to an expressed preference and where possible we will try to meet the request.



Q13. How long is the waiting list?

Waiting time for admission can depend on how quickly your force forwards your application to us and will also vary according to demand for admission throughout the year. However we assess each application individually and will prioritise urgent cases wherever possible. Normally admission is within two to six weeks depending upon the circumstances (see Q.12 regarding expressing a preference).

Q14. How long can I expect to wait before I am allocated a date to attend?

You can normally expect to hear from us within ten working days from the time that we receive your application. The time it takes to allocate a date for treatment will depend on the quality and detail of information on the application form which enables our staff to make a clinical assessment of the individual's needs.

If insufficient information is provided then further information may have to be sought from you and this could delay an admission decision.

Q15. I was asked to provide two payslips with my application form. Why was this?

Treatment is only provided free-of-charge to those officers who support the Charity by making a payroll giving donation. To ensure this policy is applied fairly and consistently we ask for proof that an officer makes this donation when processing their application form.

Q16. I have a query about my application or date allocated, who should I contact?

Initially we would advise that you check the Charity's website (www.thepolicetreatmentcentres.org) to find the answer to your query.

The admission process is administered from St Andrews, Harrogate, so if the website information does not answer your query please email us at enquiries@thepolicetreatmentcentres.org, or call 01423 504448 for assistance.

At the Centres**Q17. Having read my confirmation letter I have been asked to attend between certain times on my first day. Why is that?**

Patients attending for physio are normally asked to arrive in the morning to enable them to have sufficient time to see their physio. Non-physio patients are asked to attend in the afternoon. While treatment may commence from 0930, please note that bedrooms may not be ready for occupation before 1200.

Q18. Can I arrive on a Sunday?

Serving officers: A Sunday arrival prior to a period of admission will only be offered where their 'significant and unique' personal or travel circumstances merit consideration of such.

Retired officers: We normally admit for a week commencing on a Sunday (after 1430). Retired officers are asked to depart their room by 1030 on the following Sunday, although lunch may be provided on request before a later departure from the Centre. This arrangement allows retired officers to receive maximum benefit and may also help with their travel and support arrangements.



Q19. The confirmation letter tells me to bring my 'Surgeons' protocol with me. What is that?

In short, after certain operations a surgeon may stipulate the aftercare that he/she would like the patient to have. This only occurs after some operations and not all surgeons set such a protocol. So if you haven't got such a document, the chances are you don't need one.

Q20. Can I attend as an OUT-patient with a non-physio condition?

There are some cases where this may be appropriate. After a consultation with nursing staff a suitable short treatment programme may be arranged if it is possible to provide help on an OUT--patient basis.

Q21. I'm due to attend next week but I'm not feeling well. What should I do?

We want to ensure patients are well enough to participate fully in the activities available so the best advice is to call and speak to the duty nurse about your symptoms. It may be possible to delay your arrival or re-book.

In the case of diarrhoea and sickness it is important patients have been symptom free for 48 hours before attending to prevent the potential spread of such conditions.

Q23. What do I need to bring with me?

With your joining instructions you will receive a patient information sheet outlining what is provided at the Centre (i.e. towels) and what is not (for instance, hairdryers).

Q24. Can my partner/driver stay for lunch/overnight when they drop me off?

Demand on the Centres means it is not possible to cater for visitors but they are welcome to enjoy a hot or cold drink in one of our lounges on arrival and before they set off on their journey.

Partners and carers can only stay at the Centres under certain specific circumstances and with prior agreement i.e. as a 'companion' when providing hands-on support for a patient; or in pre-arranged accommodation at a weekend.

Q25. I'm staying in one of the cottages. Are linens and towels provided?

All bed linen, towels and tea towels are provided, as are washing facilities. A starter pack with tea bags, milk, bread etc is also provided.

Q26. What is the dress code at the Centres?

The dress code is casual/sportswear in line with the activities officers undertake during their stay. Warm clothing to wear between exercise activities is advisable, especially in colder weather.

Q27. I have special dietary requirements. Can they be catered for?

Whether you have an allergy or intolerance, are trying to lose weight, or simply don't like certain foods, our catering team can help. You can ask to speak to a chef before your stay or on your first day and they will be happy to work out a suitable menu for you. Half portions and healthier options are also available.

The Application Form allows you to state any allergies; intolerances or special needs.



Q28. What is there to do on an evening?

As well as the relaxation and leisure facilities that are available, each week patients organise themselves into a social and fundraising committee and hold events such as quiz nights. Not only are these a good way of getting to know one another they also help to raise a significant amount of money to support the Charity.

There are a number of television lounges and Wi-Fi access is available (for a small charge). For those seeking quiet time without televisions there are a library and other quiet areas.

On departing from the Centres**Q29. My physio/nurse has recommended I return for a further period of treatment. How long will I return for?**

Individual circumstances will vary but we would generally ask you to return for a further five days of treatment (four nights, Monday to Thursday inclusive).

Q30. What happens to the patient feedback you ask for?

The feedback is assessed on a monthly, quarterly and annual basis. The recent and future improvements, to facilities include matters raised in patient feedback. Sometimes it is possible to implement suggested changes and sometimes, for variety of reasons, it is not.

Information on ideas that have been adopted as well as suggestions we have been unable to take forward, along with the reasons why that is so, is displayed on the patients' noticeboards.

----- oo0oo -----





The Police Treatment Centres

Appendices

Appendix A	Example - Patient Information sheet
Appendix B	Example – IN-patient application for admission
Appendix C	Example – OUT- patient application for Admission
Appendix D	Example - Companions Application Form (The <u>applicant</u> requires support)
Appendix E	Example - Companions Application Form (The <u>companion</u> requires support)
Appendix F	Additional Accommodations Booking Form



Website: www.thepolicetreatmentcentres.org

**The Police Treatment Centre
St Andrews**

Harlow Moor Road
Harrogate
North Yorkshire
HG2 0AD

Tel: 01423 504448

Fax: 01423 527543

Email: enquiries@thepolicetreatmentcentres.org

**The Police Treatment Centre
Castlebrae**

Castleton Road
Auchterarder
Perthshire
PH3 1AG

Tel: 01764 664369

Fax: 01764 664598

Email: receptioncastlebrae@thepolicetreatmentcentres.org

